**SECTION I: *To initiate a Therapeutic Docket referral, the referring party must complete SECTION I and forward this form to the Therapeutic Docket Coordinator and the Commonwealth’s Attorney’s Office for the correct jurisdiction.***

Defendant Name:  DOB:  SSN: SID:

Race:  Gender:  Home Address:  Home Phone:

Cell Phone:  Other ways to Contact:  Currently incarcerated? Y or N:

Jurisdiction of current charge(s):  Arrest Date:  Charges including VCC Code(s):

Primary Case No:  Defense Attorney(s):  Referring Party:

Next Court Appearance Details:  Date referral submitted to CA:

**SECTION II: *To be completed by the Commonwealth’s Attorney’s Office. Then to be forwarded to the Therapeutic Docket Coordinator and returned to the Referring Party.***

Date Received:  Subject was found to be:  Eligible,  Ineligible, or  Vetoed prior to consideration for eligibility

**Ineligible Reason Disapproval Reason**

Pending out-of-state felony charge.  Law Enforcement Concern

Instant offense is DUI or DUID.  Nature of current charge(s)

Prior conviction or adjudication for felony  Criminal History Details  violent offense (within 10 years of sentencing).  Other

Instant Offense certified to Grand Jury.

Terminated from Therapeutic Docket within past 12 months.

Other

Notes/Comments: **Initials**

**SECTION III: *To be completed by Therapeutic Docket Coordinator. Then to be forwarded to Region Ten Clinician.***

Date Referral Received:  Date of First Contact with subj:  Eval Date:

Subject was found to be:  Eligible  Ineligible. If Eligible, Date Referred for Eval by R-10:  If Ineligible, Reason:

Notes/Comments:

**SECTION IV: *To be completed by Region Ten. Then to be forwarded with a letter of recommendation to the Therapeutic Docket Coordinator.***

Eval Date:  Clinician:  **Meets** clinical criteria for participation:  **Does not meet** clinical criteria for participation

Notes/Comments:

**SECTION V: *To be completed by Therapeutic Docket Coordinator. Then forwarded to the Commonwealth’s Attorney.***

The subject is:  Recommended  Not Recommended for participation. Date reported to Commonwealth:

Region Ten Recommendation: Sent via Fax  Attached  Notes/Comments  MOST Results Attached

Prior Participant: Graduated, Terminated. End Date of prior participation:

**SECTION VI: *To be completed by the Commonwealth’s Attorney.***

Final recommendation by the Commonweatlh’s Attorney:  Approved for Entry  Not Approved for Entry

Initials

Notes/Comments:

If Approved for Entry: Entry Date: